



**Motor
Vehicle
Division**

40-0112 R06/06 www.azdot.gov

Mail Drop 801Z
Special Plates Unit
Motor Vehicle Division
PO Box 2100
Phoenix AZ 85001-2100

DISABILITY PLACARD RENEWAL/REPLACEMENT

Certification Type

☐ Renewal * ☐ Replacement (placard was lost, stolen, destroyed or mutilated; if mutilated must be returned)

Applicant Name (disabled/hearing impaired person or organization)

Phone

()

Current Placard Number

Applicant Mailing Address

City

State

Zip

Organization Representative Name

Title

☐ **Individuals**

I certify that I am permanently disabled as stated on my original application for this placard.

☐ **Organizations**

I certify that this placard is for a vehicle that is primarily used for transportation of disabled persons as stated on my original application.

Applicant Signature

* For **renewals**, must have notary or MVD agent signature
(not required for Organizations or for Replacements)

Acknowledged before me this date.

Notary or MVD Agent Signature

Date

County

State

Commission Expires

New Placard Number (MVD Use)